PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10798691

		CLAIMS A	S FILED	- PART	1	· ·		SMALL	אדודע		OTHE	D THAN
		·	(Colum	(Column 1)		(Column 2)		TYPE			OTHER THAN R SMALL ENTITY	
	OTAL CLAIMS	20.		<u> </u>			RATE	FEE	7	RATE	FEE	
F	OR	NUMBER	NUMBER FILED		NUMBER EXTRA		BASIC FE	€ 385.0	0 OR	BASIC FEI	€ 770.00	
T	OTAL CHARGE	ABLE CLAIMS	21 mi	7 minus 20=		1		X\$ 9=		OR	X\$18=	18
II	DEPENDENT C		<u>`</u>	(minus 3 =				X43=		OR	V00	1.0
М	ULTIPLE DEPE	NDENT CLAIM F					+145=	1	OR		 	
* 1	f the difference	e in column 1 is	ero, enter	"0" in (column 2	ı	TOTAL	 	OR	TOTAL	188	
	C	CLAIMS AS A	AMENDE) - PART	ГII				L		OTHER	
 	· •	(Column 1)	·, · · · ·	(Colum		(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAI FEE		RATE:	ADDI- TIONAL FEE
ND	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	~! A!\A	=		X43=		OR	X86=	
L	FIRST PRESE	ENTATION OF M	JLTPLE DEI	PENDENT	CLAiw			+145=		OR	+290=	
			L	TOTAL		-	TOTAL					
		· (0 = 1 · · · · · · · · · · · · · · · · · ·		(O)	-\	:2 : 0	Al	DOIT. FEE] Uh /	ADDIT. FEE	<u> </u>
		(Column 1) CLAIMS	T	(Colum	n 2) ST	(Column 3)	_		1551	7 r		
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	_
AME	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT						-			1		
	•						L	+145=		OR	+290=	
•			·				. AD	DIT. FEE		OR A	TOTAL DDIT. FEE	
		(Column 1)		(Column		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R JSLY	PRESENT EXTRA			ADDI- FIONAL FEE		RATE	ADDI- TIONAL FEE
NON NON	Total	*	Minus	★·★		=		X\$ 9=		OB.	X\$18=	
AME	Independent		Minús	***		=				OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OH -		
* If the entry in column 1 is loss than the entry in column 2 with "6" in column 2										+290=		
** 11	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 color "20 "										TOTAL DIT. FEE	
T/	ne "Highest Numb	per Previously Paid	For" (Total or I	ndependent)	iss than i is the h	3, enter "3." ighest number f	lound	in the appro	priate box	in colun	nn 1.	